


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 029 ***158.75

DOCUMENT # K76865

1. Entity Name
SALT CREEK SHELLFISH COMPANY, INC.



Principal Place of Business: **11851 OSPREY WAY CEDAR KEY, FL 32625**

Mailing Address: **P.O. BOX 1376 OLD TOWN, FL 32680**

40063366

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc. **PO. Box 840**

City & State **Cedar Key, FL**

Zip **32625** Country **LEVY**

02162007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2940347**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VIELE, MARGARET R
1036 NW 124TH DR
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIELE, RICHARD		NAME	
STREET ADDRESS 11851 OSPREYWAY		STREET ADDRESS	
CITY-ST-ZIP CEDAR KEY, FL 32625		CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIELE, MARGARET		NAME	
STREET ADDRESS 1036 NW 124TH DR		STREET ADDRESS	
CITY-ST-ZIP NEWBERRY, FL 32669		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Viele **MARGARET VIELE** 2/16/07 352-215-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #